

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

INFORMATION: Death records have been maintained in the Office of the State Registrar of Vital Statistics since July 1, 1905. Effective January 1, 2001, the fee for a certified copy of a death record is **\$11** for each certified copy requested.

INSTRUCTIONS

1. Use a separate application blank for each different record of death for which you are requesting a certified copy. Send **\$11** for **each** certified copy requested. If no record of the death is found, the **\$11** fee will be retained for searching as required by statute and a Certification of No Record will be sent.
2. Give all the information you have available for the identification of the record of the decedent in the spaces under **Decedent Information**. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
3. Complete the **Applicant Information** section.
4. Indicate the number of certified copies you wish and include with this application sufficient money, in the form of a personal check, postal or bank money order (International Money Order only for out-of-country requests), made payable to the **Office of Vital Records**. The fee is **\$11** for each certified copy. Mail this application with the fee to the Office of Vital Records, 304 S Street, P.O. Box 730241, Sacramento, CA 94244-0241.

DECEDENT INFORMATION – PLEASE PRINT OR TYPE

Name of Decedent – First (Given)	Middle	Last (Family)	Sex
Place of Death – City or Town	Place of Death – County	Place of Birth	Date of Birth
Date of Death – Month, Day, Year (Or Period of Years to be Searched)		Social Security Number	
Mother's Maiden Name		Name of Spouse (Husband or Wife of Decedent)	

APPLICANT INFORMATION – PLEASE PRINT OR TYPE

Purpose for Which Certified Copy is to Be Used	Today's Date	Telephone Number – Area Code First ()	
Name of Person Completing Application (Please Print)	Signature (Person Requesting Record(s))		
Address – Number, Street	City	State	ZIP Code
Name of Person Receiving Copies, if Different From Above	Number of Copies	Amount Enclosed	E-mail Address
Mailing Address for Copies, if Different From Above	City	State	ZIP Code
		<input type="checkbox"/>	<input type="checkbox"/>

DO NOT WRITE IN SPACE BELOW – FOR REGISTRAR ONLY**DEATH**